

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021792

STATE FILE NUMBER

2820

FILED JUN 16 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>3845 Virginia Ave</b>		Length of stay in lb <b>3 yrs</b> 538 STREET ADDRESS <b>3845 Virginia</b> (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Dr. Silva</b> Middle <b>L.</b> Last <b>Ashworth</b>		4. DATE OF DEATH Month <b>June</b> Day <b>4</b> Year <b>1958</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 27, 1874</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Doctor of Chiropractic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Peru Nebraska</b>	
11. BIRTHPLACE (City and state or country) <b>U.S.A.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Joshua Berdick</b>		13b. MOTHER'S MAIDEN NAME <b>Deborah Gray</b>	
14. NAME OF HUSBAND OR WIFE <b>Pinkney H. Ashworth</b>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	
16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT <b>Dr. Ruth Cleveland</b> Address <b>3845 Virginia</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Heart failure</b> Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. DUE TO (b) <b>Apoplexy</b> DUE TO (c) <b>Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <b>334X</b>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>12:00</b> Month, Day, Year <b>Dec. 1954</b> a.m. p.m.		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>Lincoln, Nebraska</b>	
20g. COUNTY		20h. STATE	
21. I attended the deceased from Death occurred at <b>12:00 A.M.</b> on the date stated above; and to the best of my knowledge, from the causes stated.		21. I attended the deceased from Death occurred at <b>Dec. 1954</b> on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Ray E. Smith</b> (Degree or title)		22b. ADDRESS <b>1633 Summit St. KC Mo</b>	
22c. DATE SIGNED <b>6/4/58</b>		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>June 6, 1958</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>1331 1/2 S. 1st St. Lincoln, Nebraska</b>		23d. LOCATION (City, town, or county) (State) <b>Lincoln, Nebraska</b>	
24. FUNERAL DIRECTOR <b>D.W. Newcomers Sons</b>		25. DATE RECD. BY LOCAL REG. <b>6-4-58</b>	
26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>		26. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

Ray E. Smith DOUSE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.



Gr 1.4766.

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed .....

*John W. Halsbeck*

Licensed Embalmer No. *4949*

P. O. Address. *Wichita, Kansas*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.